

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN3307	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING ON B. WING		(X3) DATE SURVEY COMPLETED  06/05/2012
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF COLLEGE DALE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE COLLEGE DALE, TN 37315		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure clean linen storage areas were ventilated and maintained under a positive air pressure. The findings include: Observation of the laundry on June 5, 2012 at 12:30 p.m. confirmed the dryer room, clean linen holding room, and the clean linen room across from room 220 was under a negative pressure. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 5, 2012.</p>	N 848	<p>1) Outside Contractor inspected dryer room, clean linen holding room and clean linen room across from Room 220 to insure positive air pressure on 6-08-12. 6-30-12</p> <p>2) Plant Director and/or designee will observe areas requiring positive and negative air pressure that have the potential to be affected. 6-30-12</p> <p>3) Plant Director and/or designee received in-service education to add areas requiring positive and negative air pressure to the monthly preventive maintenance program to insure compliance. 6-30-12</p> <p>4) Plant Director and/or designee will report findings to the PI Committee (Medical Director, DON, Administrator, RSM, Medical Records, Pharmacist, Plant Director, FSS, SSD, ACT Director, HR Director, ES Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved. 6-30-12</p>		

Division of Health Care Facilities

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ITE FORM

6439

H8B221

TITLE

Administrator

(X6) DATE

6/21/12

If continuation sheet 1 of 1